AMPUTATION AT THE HIP JOINT FOR MORBUS COXÆ; WITH A CASE AND A SPECIMEN.[1]

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The points which I desire especially to enforce by the following case are:

First.—That there are cases of hip joint disease which, though utterly desperate so far as all the ordinary procedures are concerned, may still be rescued and restored to health by the extreme measure of *amputation at the hip joint.*

Second.—That the operation of resection, if performed at all, should be performed at a much earlier stage of the disease than has hitherto been customary.

Third.—That with proper precautions, the operation of amputation at the hip joint for disease is a safe and satisfactory procedure.

Case.—C. S. B., æt. 17, from Muncie, Ind., came to my public clinic at the University of Michigan January 5 of the present year, and in response to inquiries made the following statement:

Eight years ago, he fell on the ice and sustained a contusion of the left hip. Still, it was not until the following winter that he became so much disabled as to require the aid of a cane in walking. Liniments and electric baths were prescribed at that time, but of course they did not do any good. Two years later extension by means of the weight and pulley was resorted to, also an extension splint, but in spite of these very judicious and rational measures the disease continued to progress.

[1] Read before the Surgical Section of the American Medical Association, at the Thirty-Seventh Annual Meeting.

Eighteen months ago an abscess formed in the region of the trochanter major and was opened. Before long an abscess formed on the inner aspect of the thigh and was opened. From these abscesses sinuses resulted, which have continued to discharge ever since. At the time of his admission into the University Hospital, the discharge from these sinuses was not extremely profuse, but it was intensely fetid. He was greatly emaciated, and suffering from marked hectic symptoms. The thigh was flexed to a right angle with the trunk, and there was no movement discoverable in the hip joint. The knee joint was also flexed and partially anchylosed. All the muscles of the limb were contractured and atrophied. Under these circumstances resection of the joint was at once and for obvious reasons excluded. In short, it seemed that the choice lay altogether between one or the other of the two following alternatives:

First. Expectancy, which of course promised only speedy exhaustion.

Second. Amputation at the hip joint, and this operation commended itself to my mind as a justifiable and even hopeful expedient, provided, *first*, that the pelvic bone should on examination prove to be fairly healthy—that is to say, not too far involved in the carious affection; and *second*, that the general powers of the patient's constitution had not been too thoroughly undermined by the long-standing and exhausting disease. The proposition having been fully explained to the patient (a most intelligent young man), he eagerly assented and placed himself in my hands.

The final decision as to the condition of the os innominatum was reserved till the time of the operation, and had it been found too far diseased the completion of the operation would have been abandoned as useless and unjustifiable. Fortunately, no such reason for the the abandonment of the operation

was met with. The disease was confined entirely to the acetabulum, and even there was quite superficial and small in extent.

So far as the strain on the patient's weakened powers was concerned I succeeded in convincing myself that, provided due precautions against hæmorrhage and shock were used, he would be able to weather the storm. With this object in view I determined to use a simple and somewhat primitive form of aortic compressor: an instrument made under my own directions some years ago by a common blacksmith, and which has afforded me indispensable aid in a considerable number of instances.

The operation was performed on March 1, 1886, under chloroform. Hardly a drop of blood was lost. The patient was only a few minutes on the table. The degree of shock was very slight.

The wound was treated antiseptically throughout and healed rapidly, so that on April 9 the patient was able to return to his home in a better state of health than he had known for several years. Reports recieved up to the present time have been altogether favorable. I now present for inspection by the members of the Section the femur of this patient. It will be observed that the disorganization of the medullary canal extends *from the one end of the bone to the other*. Also, that the head of the bone is very nearly all absorbed away. A single glance at this specimen is sufficient to determine effectually the question of the propriety of the operation; or at least the utter hopelessness of the case without this measure.

Finally, I think we may safely deduce from this case the general principle that if resection of the hip joint is to afford permanent satisfaction, it must be performed at a much earlier stage of the disease than has heretofore been customary; that is to say, while the disease is limited to the head of the bone, and before the medullary canal of the femur has become involved, which it is certain sooner or later to do.